

Supporting Information

RESULTS

Association between transmission rate and conjunctival swelling at 6, 13, 25 and 35 dpi

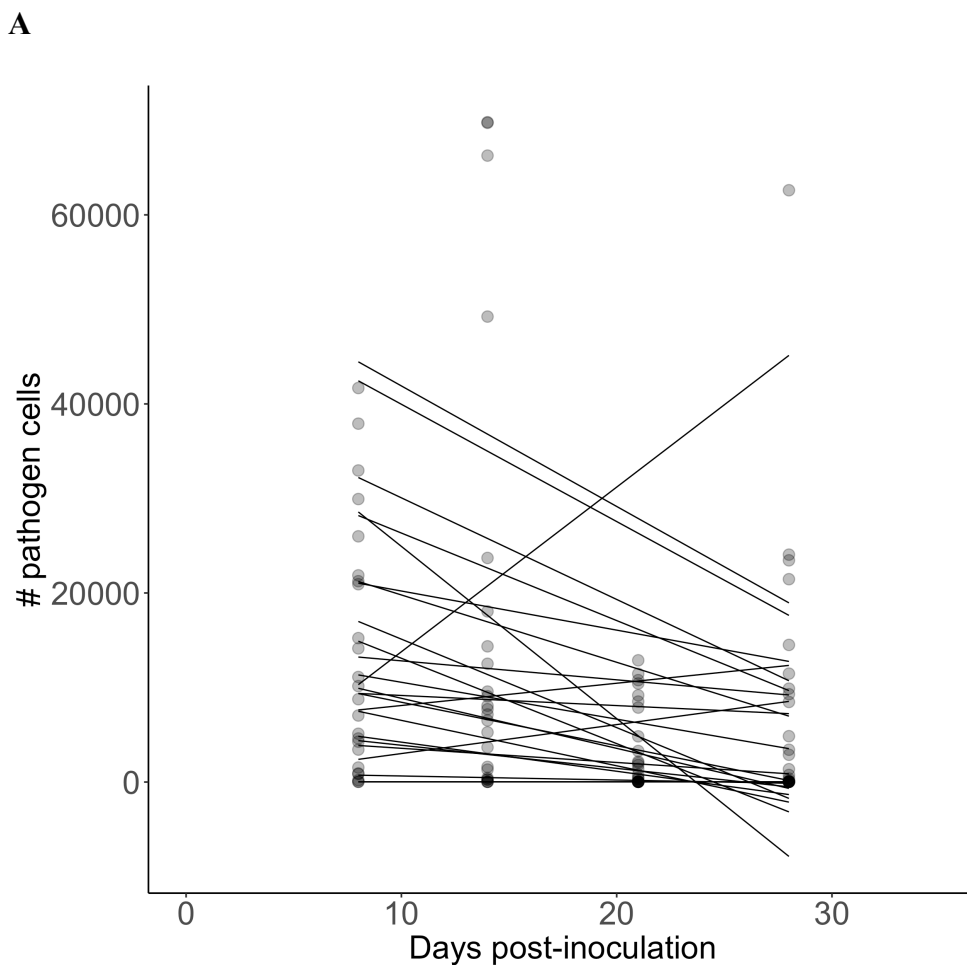
Simple linear regression provided evidence of a positive relationship between our simple proxy of virulence (mean conjunctival swelling) and transmission rate (see main text). We verified this finding using a second approach that fully utilised the repeat observations of host conjunctival swelling at 6, 13, 25 and 34 days post-inoculation (dpi). Specifically, we fitted a bivariate mixed model fitted in ASReml-R version 4 (Butler *et al.* 2017), with transmission rate (in days⁻¹) and conjunctival swelling (in pixels) as responses, a fixed four-level factor of measurement point (i.e. dpi) on conjunctival swelling, and a random effect of isolate identity. Since transmission rate is only measured once, residual (within-isolate) variance for this trait is constrained to zero and no residual covariance between traits is modelled. All variance in transmission rate is then partitioned as among-isolate variance, allowing estimation of covariance with the random effects of isolate (C) identity on conjunctival swelling. This analysis yielded a significant positive estimate (SE) of the covariance ($\text{COV}_{\text{CTR,SW}} = 0.86$ (0.42); likelihood ratio comparison to a reduced model with no covariance $\chi^2_1 = 4.10$, $p = 0.043$). Scaling by the among-isolate variance in conjunctival swelling yields a linear regression coefficient (SE) of + 0.002 (0.001) infections per day/pixel (i.e. the change in transmission rate as we increase swelling by one pixel).

Determining infection duration for sub-lethal isolates

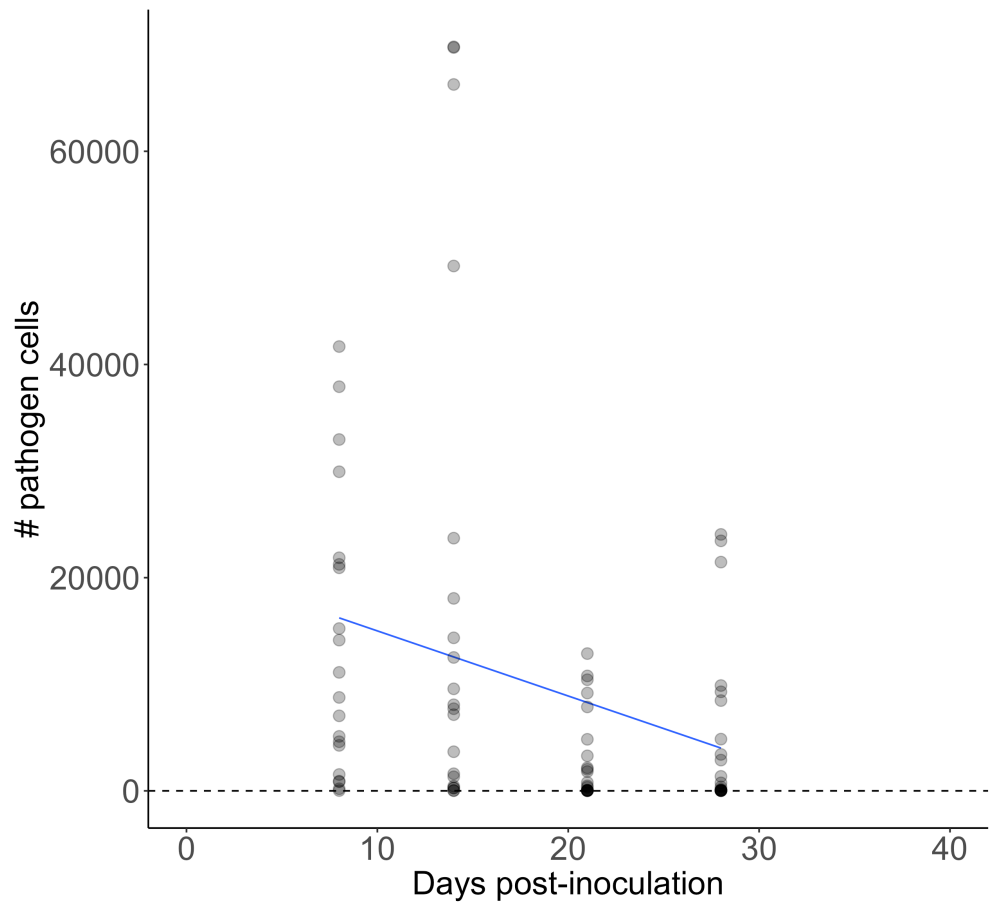
For those isolates that did not give rise to putative host mortality (i.e. sub-lethal isolates), we estimated infection duration as the duration of the experiment (34 days) + 1 day. Indeed, all sub-lethal isolates save four (i.e. 92% - 22 out of 26 sub-lethal isolates) displayed a decrease

in the number of pathogen cells (Fig. S1A), with 35 days approximating the projected infection duration for those sub-lethal isolates (Fig. S1B).

Fig S1. Number of pathogen cells over the course of the experiment. We show the number of pathogen cells in pooled conjunctival and tracheal swabs obtained at 8, 14, 21 and 28 dpi for: **A**, all sub-lethal isolates (i.e. those that did not give rise to putative host mortality); **B**, sub-lethal isolates that displayed a decreasing number of pathogen cells over the course of the experiment only. Points represent raw (jittered) values; we show the best fit regression lines for each isolate (in **A**) or for the mean (in **B**). Note: jittering causes some isolates to have near 0 counts, but all isolates were detectable in the host for the duration of the experiment (i.e., none of the isolates were cleared during the experiment).



39 **B**

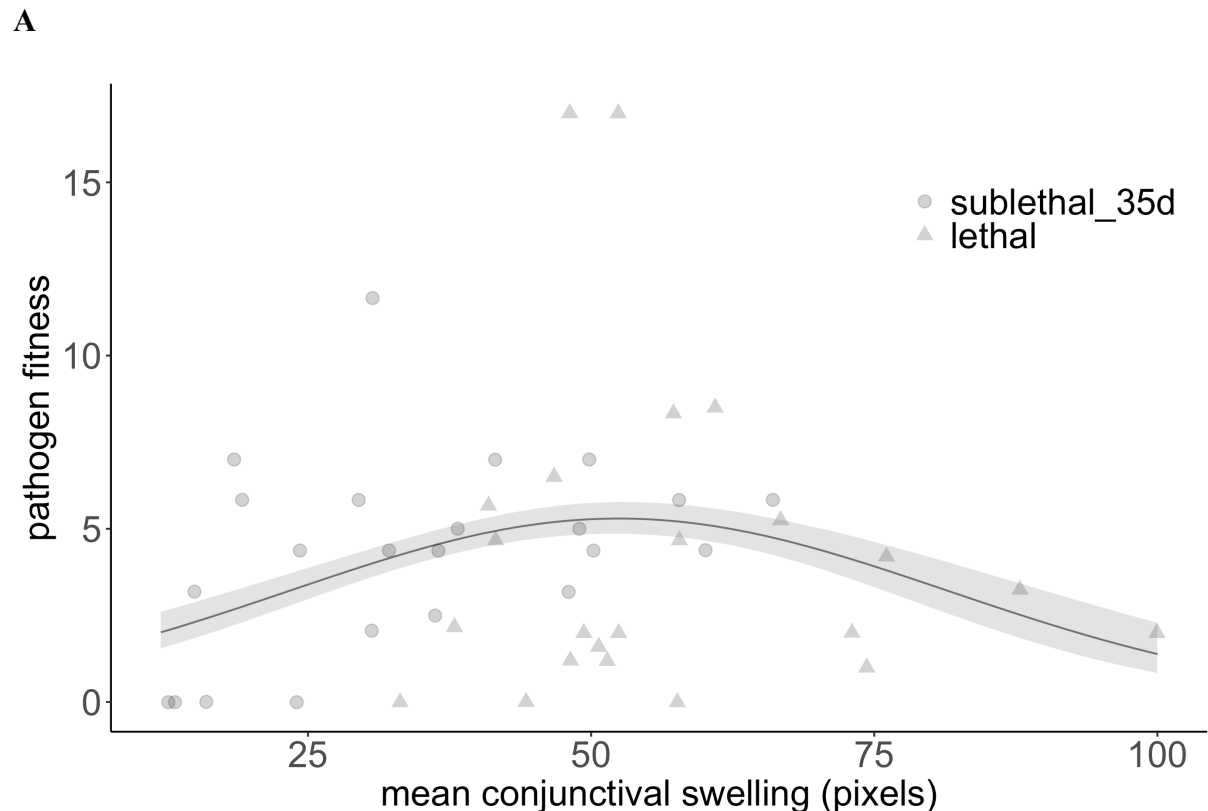


40
41 *Association between fitness and mean conjunctival swelling*

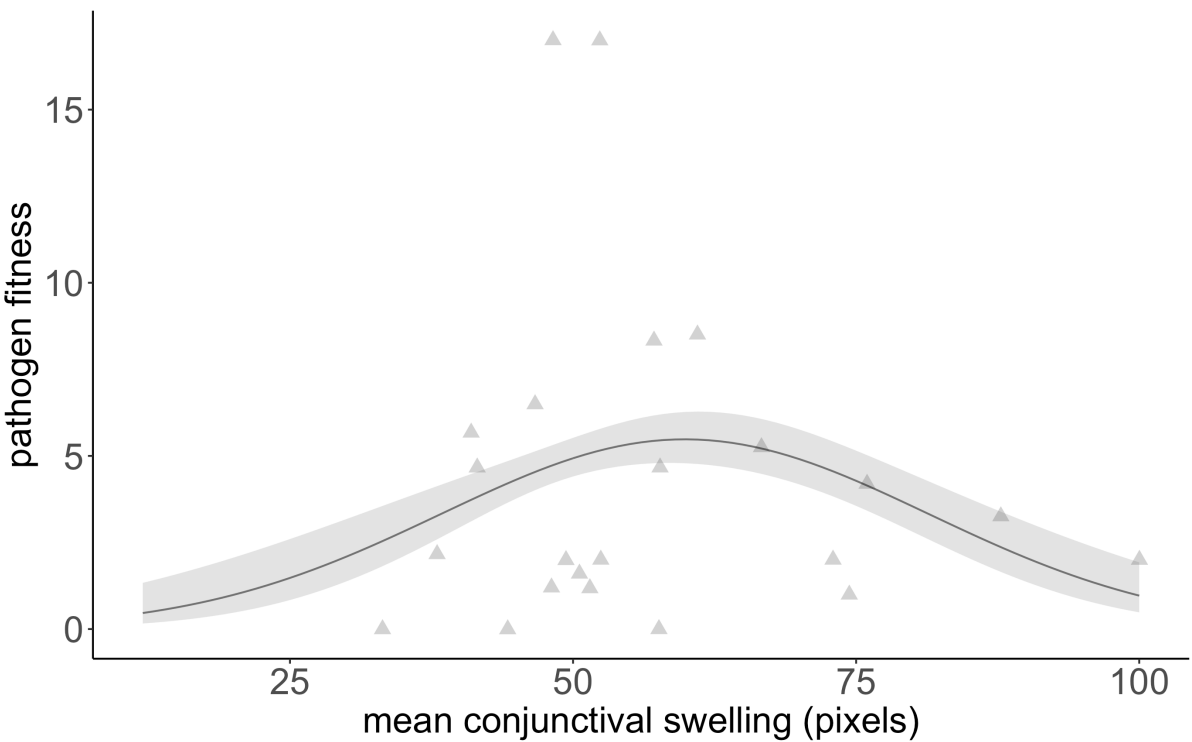
42 We verified that our estimate of infection duration for sub-lethal isolates (i.e. those that did not
43 cause putative host mortality) did not affect the shape of the relationship between mean
44 conjunctival swelling and fitness, which was bell-shaped when the infection duration of sub-
45 lethal isolates was set to 35 days (see above; Fig. S2A). To do so, we investigated the shape of
46 this relationship in the following two ways. First, we included lethal isolates only (Fig. S2B).
47 Second, based on previous findings that recovery from infection takes between 27 to 83 dpi
48 (Sydenstricker *et al.* 2005), we increased infection duration of those 4 sub-lethal isolates that
49 displayed an increasing number of pathogen cells (see above) to 83 days, with all other sub-
50 lethal isolates remaining at an infection duration of 35 days (Fig. S2C). In both cases, a bell-

shape curve was the best fit line, suggesting that fitness was maximal at an intermediate level of mean conjunctival swelling.

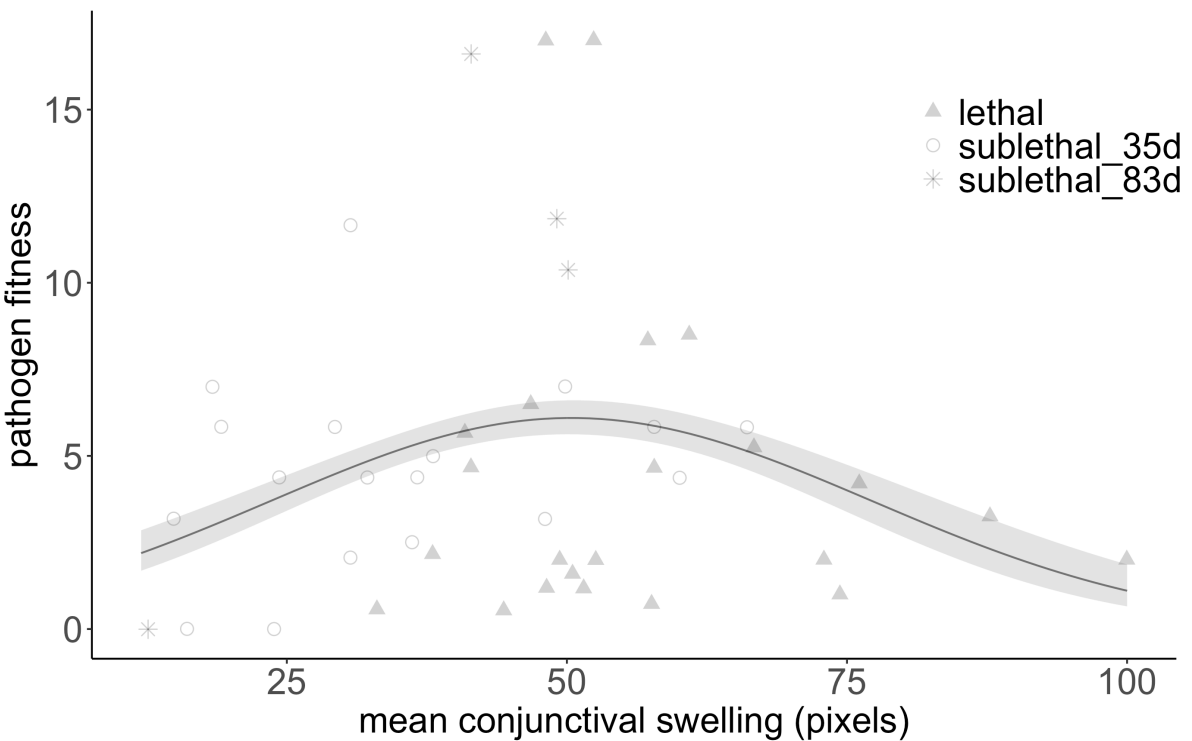
Fig S2. Association between fitness and conjunctival swelling. We show fitness (measured as the product of infection duration and transmission rate to an uninfected sentinel) as a function of mean conjunctival swelling (in pixels) for: **A**, all pathogen isolates, with infection duration of sublethal isolates set to 35 days; **B**, lethal isolates only; **C**, all pathogen isolates, with infection duration of sublethal isolates set either to 35 or to 83 days depending on whether the number of pathogen cells was decreasing or increasing (see Fig. S2). In all cases, the relationship is bell-shaped, as predicted when greater fitness is associated with intermediate values of mean conjunctival swelling. Shapes represent raw values; line are predicted from the models with the standard error represented by the ribbon.



66 **B**



67
68 **C**



69
70
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72 *Pathogen load, replication rate and transmission*

73 The peak number of pathogen cells across the 47 successfully established infections during the
74 course of the 34 day-experiment was 45712 ± 93154 bacterial cells/qPCR reaction. Two
75 isolates, however, only managed to achieve a peak number of pathogen cells that were at the
76 absolute lowest limit of assay detection (lower limit of quantification is ~ 24 copies per assay
77 (Tardy *et al* 2019); note the previously reported limit of 28 copies per assay was a typo). One
78 isolate had a peak number of 23.8 bacterial cells/qPCR reaction, while a second had a peak of
79 26.3 bacterial cells/qPCR reaction. These values were at least an order of magnitude lower than
80 the peaks attained by all other isolates and were 3 orders of magnitude lower on average. That
81 these peaks are around the lower limit of assay detectability, they clearly showed next to no
82 replication during the experiment. Given that a minimum number of pathogen cells and
83 replication will inevitably be required for transmission, we excluded these two isolates from
84 the analyses and considered the effect of variation in pathogen load and replication rate on
85 transmission rate for the remaining 96% of infections.

86

87 **METHODS**

88 *R code*

89 # import data:

90 EvolLett <- read.csv("Bonneaud et al_EvolLett_2020.csv")

91 # consider only inoculations that successfully established an infection:

92 INF<-subset(EvolLett, EvolLett\$infection==1)

93

94 #####1. ASSOCIATION HOST MORTALITY AND TRANSMISSION

95 INF\$day_transm

96 # we need a rate of transmission = 1/number of days to transmission event:

```

97  INF$ratetrans <- 1/(INF$day_transm)
98  # we have NA when the sentinel remained uninfected; change it to transmission rate = 0:
99  INF$ratetrans[is.na(INF$ratetrans)] = 0
100 hist(INF$ratetrans)
101 hist(log(INF$ratetrans)) # improve distribution
102 INF$ratetrans <- log(INF$ratetrans + 0.1) # add small value to get rid of 0 values
103
104 # testing the association between virulence and transmission rate:
105 M1 <- lm(lratetrans ~ mortality,
106          data = INF)
107 summary(M1)
108
109 #####2. ASSOCIATION MEAN CONJUNCTIVAL SWELLING AND TRANSMISSION
110 M2 <- lm(lratetrans ~ mean_swell,
111          data = INF)
112 summary(M2)
113
114 #####3. TESTING THE VIRULENCE FITNESS ASSOCIATION
115 # Is there stabilizing selection on virulence?
116 require(mgcv); n <- 100; set.seed(2)
117 x <- runif(n); y <- x + x^2*.2 + rnorm(n) *.1
118 M3 <- mgcv::gam(fitness ~s(mean_swell)+ mean_swell,
119                 data=INF,
120                 method="REML")
121 summary(M3)

```

```

122 # when we remove 2 outliers of very high fitness:
123 INF2<-subset(INF,INF$fitness<15)
124 M3b <- mgcv::gam(fitness ~s(mean_swell)+ mean_swell,
125                 data=INF2,
126                 method="REML")
127 summary(M3b)
128
129 # Is there linear effect of virulence on fitness?
130 M4 <- lm(fitness~ mean_swell,
131         data=INF)
132 summary(M4)
133
134 #####4. PATHOGEN LOAD
135 #2 isolates out of the 47 successfully established infections, maintained levels of pathogen
136 #load that were at the lower limit of assay detectability throughout the entire experiment,
137 #indicating that they were not replicating. These 2 isolates were excluded from the analyses
138 INFRES <-subset(INF, INF$included=='1')
139
140 ## Peak pathogen load:
141 hist(INFRES$peak_load)
142 INFRES$lpeak <- log(INFRES$peak_load)
143 M5a <- lm(lratetrans ~ lpeak,
144         data = INFRES)
145 summary(M5a)
146 ## Total pathogen load

```



```

147 hist(INFRES$total_load)
148 INFRES$ltotal <- log(INFRES$total_load)
149 M5b<- lm(lratetrans ~ lttotal,
150          data = INFRES)
151 summary(M5b)
152
153 ## Rate of replication
154 hist(INFRES$rate_load)
155 INFRES$lrate <- log(INFRES$rate_load)
156 M5c <- lm(lratetrans ~ lrate,
157          data = INFRES)
158 summary(M5c)
159
160 ### Association between transmission rate and virulence with load as explanatory term
161 M6a <- lm(lratetrans ~ mean_swell + lpeak,
162          data = INFRES)
163 summary(M6a)
164 M6b <- lm(lratetrans ~ mean_swell + lttotal,
165          data = INFRES)
166 summary(M6b)
167 M6c <- lm(lratetrans ~ mean_swell + lrate,
168          data = INFRES)
169 summary(M6c)
170
171

```

172 **References**

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174 Reference Manual. VSN International Ltd Hemel Hempstead, HP1 1ES, UK.
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- 178 Tardy, L., Giraudeau, M., Hill, G.E., McGraw, K.J. & Bonneaud, C. (2019). Contrasting
179 evolution of virulence and replication rate in an emerging bacterial pathogen. *Proc.*
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